

**NEVADA DEPARTMENT OF CORRECTIONS
PERSONNEL/TRAINING DIVISION**

AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

Having made application for employment with the Nevada Department of Corrections and desiring it to be informed as to my previous record and character, I hereby authorize any peace officer or other authorized representative of the Nevada Department of Corrections bearing this release or a copy of it, within one year of its date, to obtain information in your files pertaining to my employment, pre-employment, military, arrest, conviction, driving, credit or educational records, including but not limited to, academic, achievement, attendance, athletic, personal history, performance report, background investigations, polygraph examination results, any and all internal affairs investigations and disciplinary records, and credit records.

I also hereby authorize any peace officer or other authorized representative of the State of Nevada Department of Corrections bearing this release or a copy of it, within one year of its date, to obtain any medical records or medical information in the files of my current or former employer(s) or any current or former physician(s), or both, which pertain to my employment.

I hereby direct you to release this information up request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Nevada Department of Corrections.

Consent is granted for the Nevada Department of Corrections to furnish the information described above to third parties in the course of fulfilling its official responsibilities.

I hereby release you, as the custodian of such records, and any law enforcement or criminal justice agency, school, college, university, or other educational institution, hospital or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel both individually and collectively, from any and all liability for damage of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated below.

A photocopy of this release will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I understand that I have the right to receive a copy of this authorization and acknowledge that I have received a copy of it.

Signature

Date

Full Name (Please Print)

Social Security Number

(In accordance with the Federal Privacy Act of 1974, disclosure of the S.S.N. is voluntary. The S.S.N. will be used only for identification purposes to that proper records are obtained.)

Address: _____
